

JUN 05 2007

**FAX TRANSMISSION****DATE:** June 5, 2007**PTO IDENTIFIER:** Application Number 10/506,725-Conf. #7047  
Patent Number**Inventor:** Daniel W. Chan et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Jonathan M. Sparks, Ph.D.

**PHONE:** (617) 439-4444**Attorney Dkt. #:** 57203(71699)**PAGES (Including Cover Sheet):** 7**CONTENTS:** Certificate of Transmission (1 page)  
Transmittal (1 page)  
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Response to Restriction Requirement (3 pages)  
Charge \$225.00 to deposit account 04-1105

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 439-4444 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

EDWARDS ANGELL PALMER & DODGE LLP  
P.O. Box 55874, Boston, Massachusetts 02205  
Telephone: (617) 439-4444 Facsimile: (617) 439-4170

JUN 05 2007

PTO/SB/97 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031  
U. S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/506,725

Attorney Docket No.: 57203(71699)

**Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on June 5, 2007  
Date



Signature

Jonathan M. Sparks, Ph.D.

Typed or printed name of person signing Certificate

53,624

Registration Number, if applicable

(617) 439-4444

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal (1 page)

Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Response to Restriction Requirement (3 pages)

Charge \$225.00 to deposit account 04-1105

RECEIVED  
CENTRAL FAX CENTER

JUN 05 2007

PTO/SB/21 (09-06)

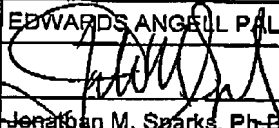
Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/506,725-Conf. #7047
	Filing Date	September 4, 2004
	First Named Inventor	Daniel W. Chan
	Art Unit	1642
	Examiner Name	C. Joyce
Total Number of Pages in This Submission		Attorney Docket Number 57203(71699)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Jonathan M. Sparks, Ph.D.		
Date	June 5, 2007	Reg. No.	53,624